



Washington
Secretary of State
SAM REED

FOR OFFICE USE ONLY

Use Date: _____ Room Assignment: _____ Times: _____

CONFERENCE ROOM RENTAL APPLICATION

Please return this application and any applicable fees to Digital Archives at least one (1) week prior to the event. Digital Archives is available Monday through Friday between 8:00 a.m. and 5:00 p.m. A completed application must be submitted for each date requested. Failure to comply with the above may jeopardize your use of the conference room

PLEASE PRINT

Name of Organization _____

Contact Person _____ Title _____

Address _____ Day Telephone _____

City, State, Zip _____

2nd Contract _____ Day Telephone _____

Type of Organization

- ☐ Government
☐ Nonprofit
☐ Commercial
☐ Service Organization
☐ Other (please explain)

Type of Meeting

- ☐ Educational
☐ Planning
☐ Commercial
☐ Retail
☐ Public Hearing
☐ Other (please explain)

Purpose of Meeting _____

Date Requested _____ Time Requested _____ to _____ Fee Paid \$ _____

Conference Room(s) Needed _____ Expected Attendance _____

Equipment Request: Please refer to the attached Rental Agreement for the equipment terms and conditions.

- | | | |
|--|---|---|
| <input type="checkbox"/> Tables and Chairs Setup | <input type="checkbox"/> Standard Setup (XP and IE) | <input type="checkbox"/> Custom Software |
| <input type="checkbox"/> Podium | <input type="checkbox"/> VCR | <input type="checkbox"/> Parking Passes Qty |
| <input type="checkbox"/> Instructor Computer | <input type="checkbox"/> DVD | <input type="checkbox"/> Office |
| <input type="checkbox"/> with Internet | <input type="checkbox"/> Projector | |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> Microphone | |

Additional Comments _____

I have read the "Digital Archives Conference Room Rental Agreement" and agree to comply with the Agreement. I understand that I am responsible for any damage or negligence incurred while the conference room is in use during the assigned time.

Signature _____ Date _____